



Bellwether Magazine

Volume 1
Number 14 *Spring 1985*

Article 10

4-1-1985

Practicing Abroad: A Letter From Lima, Peru

Susan D. Morgan
University of Pennsylvania

This paper is posted at ScholarlyCommons. <http://repository.upenn.edu/bellwether/vol1/iss14/10>
For more information, please contact libraryrepository@pobox.upenn.edu.

Gingival (Gum) Disease

continued from page 11

bic bacteria to more harmful anaerobic ones.

Gingivitis is seen as reddening or swelling of the gums. In some animals, the gingiva respond to the insult over a long period by becoming thickened; the gum tissue grows up around the teeth, creating pockets where food particles remain. In other animals, the gums recede exposing bone. As the bone is resorbed, a pocket develops between tooth and gum where bacteria flourish.

Almost all dogs five years or older have measurable gum disease, sometimes without the owner being aware of any abnormality. The most common sign is bad breath. Dogs rarely lose their appetite as a result of gum disease, even when they have a mouthful of loose teeth. Cats are much more likely to be painful.

Diagnosis of gum disease is made by inspection of the mouth. The extent of the disease is assessed by a blunt tipped probe; this is used to

measure the depth of pockets and to scrape the side of the tooth to test for adherence of plaque or calculus. A normal tooth has a pocket depth of no more than 2 to 3 mm.

Gum disease can be exacerbated by many conditions, including malnutrition or other general debility (including pregnancy or lactation), endocrine abnormalities, immunosuppression, etc.

Treatment is aimed at eliminating plaque, restoring the gum-tooth junction to as normal a condition as possible, and following up with a preventive program. Most animals presented with bad breath due to gum disease will require teeth cleaning under anesthesia as the first step.

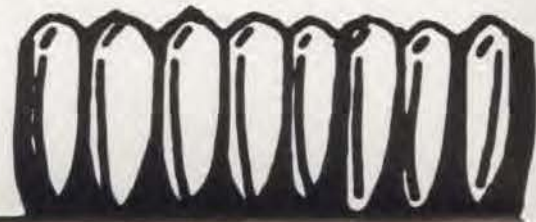
Teeth scaling is designed to clean the surface of the tooth, not only the crown but also the area between tooth and gum. This is the most important area as here the bacteria flourish. Cleaning is performed with ultrasonic and hand instruments. After cleaning the teeth are polished to create a smooth surface to which bacteria cannot adhere.

When the pocket depth is greater than 5 mm, surgery is necessary to eliminate the pocket. Sometimes the disease is so advanced that the tooth has to be extracted. This is particularly useful in cats, where severe gum disease can cause complete inability to eat or drink, and where results of conservative treatment are often poor.

Dog owners can prevent gum disease in their dogs. The clean and smooth teeth are kept in good condition by regular daily cleaning. This can be done to some extent by feeding dry food, or by encouraging chewing on toys or rawhide strips. A daily brushing with a soft child's toothbrush is much more efficient. Avoid human toothpastes because of the detergent they contain—dogs do not like the frothing.

Dr. Harvey's advice to the audience was to get a toothbrush for every dog and start brushing once a day. However, the teeth should also be thoroughly cleaned to control any gum disease already present.

Helma Weeks



Practicing Abroad

A Letter From Lima, Peru

Lima, Peru, with a population of 6 million, is the largest city in which I have ever lived. When we moved there 18 months ago, I was optimistic about work possibilities. There is a veterinary school here, and several veterinarians trained in the United States.

Peruvians, on the whole, are a very formal but warm people. As we are still with the diplomatic service, I spend a fair amount of time at social functions—discussing the weather, the maids, schools and shopping with Peruvian women. It is almost impossible for me to break beyond these topics with even the women, let alone the men. The men are reluctant to have a serious conversation should I even be within earshot. Therefore, you might be able to imagine how difficult it has been for me to establish myself professionally.

The University of San Marcos has the best veterinary school in the country but it has no money and therefore no equipment or supplies. Its facilities are about the poorest I have seen anywhere.

After spending a great deal of time "observing" at San Marcos and in several private practices, I agreed to work with Dr. Jose Brener, who did his post-doctoral training in Scotland. We run a small animal clinic out of one room and

make frequent house calls. When I started there was no microscope, no ophthalmoscope, no gas anesthesia, no X-ray machine. Now we have a microscope—mine. We also have a desk, a table, a large lamp, a basic set of surgery instruments and ketamine. We work together and the key to the relationship is that he holds animals for me. And I hold animals for him. He has devoured my library; his most current books are from the Sixties. Mail service to Peru is not the best either.

Mostly I see English-speaking clients from the United States and Canada. My office visit fees run high by Peruvian standards: I charge the equivalent of \$6. My housecalls are outrageous at \$10, but North Americans are usually willing to pay. As the annual rate of inflation is well over 100 percent, many suppliers have started to charge in dollar equivalents for imported products and medications. As the exchange rate changes daily, so do the costs of my vaccinations and medications. In my first year of practice, I lost enough money that I was beginning to feel like veterinary medicine had become an expensive hobby.

I have raised my surgery prices and I'm finally in the black. But I wonder about the average Peruvian veterinarian who is trying to

survive. He (there just aren't any "she's" in private practice) can't be making more than a few hundred dollars a month. Recently, someone came to me for a second opinion concerning the treatment of a hip dislocation. The first veterinarian had given them an all inclusive estimate of \$60 to do a femoral head and neck resection. I have to wonder about the quality of the work at that price.

I suppose my problem is that I'm still looking for the life I left in the United States in a third world country. The basic conditions for life here are unacceptable to me. I know things can be better. Why aren't they? But how can I expect a people who let hundreds of children starve or die because of no medical treatment to care properly for their animals? Even the wealthy don't.

So I create my own "little America" and practice as best I can. I have realized that I'll make no changes here, other than to improve Dr. Brener's library and equipment supply, but at least I have done something.

Susan D. Morgan (V78)

(Editor's note: In September, Dr. Morgan left Peru to return to Portland, OR, and a small animal practice.)